Columbus Office of Minority Health

Annual REEP Evaluation Report

Dates of Period:

July 1, 2010 - June 30, 2011

Revised Reporting Format

August 1, 2011

REEP Evaluator:

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I. Introduction and Change in REEP Evaluator Approach

The Columbus Office of Minority Health (COMH) is one of 5 regional offices of the Ohio Commission on Minority Health. Since their inception, the office has worked to address minority health issues within the Central Ohio community through education, training, capacity building, sharing resources, and advocacy. Under the grant agreement between the COMH and the state Commission, each office is required to have a REEP certified evaluator. Since 2009, Mataryun "Mo" Wright with support from his firm, RAMA Consulting Group has provided evaluation services to the local office.

During this reporting period (July 2010 – June 2011) there has been a dramatic shift in the approach and philosophy of evaluating the local office. During a meeting in January we participated in joint meeting with Dr. Betty Yung (REEP), Ryan Johnson (COMH), and Lisa Stafford (OCMH). We discussed in-depth the expectations and current status of the evaluation efforts related to the local office. As a result of that meeting we have determined that the role and approach to the local office needed to be modified.

We will say at the outset that the Columbus Office has a hard working and dedicated staff with which we have had the pleasure of working closely with during this project. As a small team however, we also recognize that they are often stretched with priorities funded by the Commission as well as priorities that are internal to the Columbus Public Health Department. Secondly, it should also be noted that the Minority and Community-based focus at Columbus Public Health predates funding from the state Commission. This inevitably means that some practices, processes, and alliances were already built prior to be them becoming an official regional office. We believe this does have some implications for how they currently operate although we do not view this fact as a deficit; more so as an operational reality. Most importantly the COMH staff is committed to making the necessary changes to ensure their long term effectiveness and sustainability.

In consideration of the foregoing we have decided to refocus our evaluation support to the Columbus Office of Minority Health to include:

- **Better Focus on Results not Outputs:** Based on the information that was provided to us by the local office we were often most apt to report on output measures as opposed to process measures, key barriers to success or overall development efforts. We are shifting the focus of subsequent reports to reflect more on the "key indicators" that inform the 4 Core Competencies. As we build the evaluation skills and understanding of the local office staff we believe that data collection and surveillance activities will improve.

- **Capacity-Building Focus and Support:** Any time there is a new entity developed or a new relationship is established there is the need for time to learn what internal processes work best and to get "buy-in" from those you are collaborating with. This is no different for the COMH. Many of our efforts during this and future reporting period are working to build capacity in both evaluation methodologies and overall organizational development efforts.

- **Change in Reporting format:** During our January meeting with the REEP and Ohio Commission on Minority Health leadership, we were informed there was some flexibility in the reporting format provided for the REEP evaluators at the local level. We believe that the format we have provided here will allow us to more fully provide a snapshot of both the evaluation and capacity building efforts of the local office. We are open to feedback from the REEP panel on how the reporting format can be strengthened on an ongoing basis.

Now that some clarity has been reached in terms of the expectations from us regarding our role and reporting for the local office, we expect to more fully report an accurate assessment of the work of Columbus Office.

II. Our Role in Evaluation and Capacity Building of COMH

During this reporting period, the REEP evaluator along with the COMH Director has developed a modified scope of work for services. Primarily we will work with the local office on the following major roles and tasks:

- **Bi-weekly Support to COMH Director –** We meet with the director of the Local office on a bi-weekly basis to support the ongoing development and growth of the COMH. The meetings are at standard times and include a standard agenda for discussion. Some of the major agenda items include: Program Activity Updates, Review of the Work plan Progress, and Evaluator Feedback on Existing and Future Program or Organizational Development Activities. The meeting allow for the exchange of ideas, coaching on organizational practices, and more routine monitoring of progress by the evaluation team so that changes can be made timelier.

- **Attendance at Key Events and Meetings –** We have committed to having representation at key events and activities of the COMH to observe and provide feedback where necessary. This includes the Minority Health Advisory Committee where the REEP Evaluation is a standard agenda item and we observe the work of the committee as well as provide feedback on current efforts.

- **Review of Select Documents and Publications –** We have worked with the local office to review several documents that will be used for external distribution to the community, funders or other stakeholders. We hope that this effort will support the office by continuing to produce quality reports for the community. One such example is the cultural population briefing papers the office now produces. This was a suggestion made and is moving forward in partnership with the Office of Epidemiology at CPH.

  Our feedback is typically on formatting the documents for better reader usability, providing opportunities for more clarity in the presentation of information, suggesting content, or overall document outlining. Have reviewed the quarterly program manager report, local office annual report draft, and initial draft of Hispanic briefing paper data.

- **Organizational Development –** Although some of our efforts are outside of traditional evaluation methods, they certainly contribute to a more efficient/effective Columbus office. We will continue to provide our suggestions and guidance on implementing changes about the work and processes for accomplishing the work of the COMH. Some efforts we have provided "thought leadership" to include Advisory Committee structure, relationship development with other organizations, and development of a Gantt chart for the office to monitor its progress on the objectives that support their goals.

- **Data Monitoring and Surveillance** - We are continuing to monitor data and surveillance at several levels. This is among the traditional roles in evaluation we have played. We are working with COMH staff however to better understand and interpret the data and on better sampling techniques moving forward. We continue to warehouse training evaluation data, reports from CPH divisions who collected demographic data, and cultural data from external sources used to produce the quarterly briefing papers.

III. Our Assessment of COMH's FY 2011 Performance

Core Competency #1	Related Goal
Monitor and Report Health Status	The COMH will utilize collaboration with other entities to collect and report data about the health status of minority populations.
Related Objectives	**Related Outcomes/Outputs**
Community stakeholders will better understand the status of minority populations regarding the targeted health conditions and disparities.	• Produce report of statistics from at least 3 internal CPH programs by race and ethnicity (Q1, Q2, Q3, Q4) • Produce 4 quarterly briefing papers on health status of targeted minority groups using vital statistics and other data sources (Q1, Q2, Q3, Q4) • Update COMH website with at least 3 publications produced by other entities (Q1, Q2, Q3, Q4) • Disseminate minority health status information to at least 1000 people via electronic and hard copies methods (Q1, Q2, Q3, Q4)

Overview of REEP Evaluation and Capacity Building Efforts

Several barriers exist that make high level accomplishment of this Core Competency difficult for the local office. Among these barriers are lack of minority specific data from existing sources to report to the community, lack of resources to collect and monitor their own sample of minority health data, and slow progress of internal CPH programs agreeing to track and report their service level statistics by race and ethnicity.

We have continued to provide support to the local office in the following ways:

1. Provide feedback and input on the development of data for the Asian Community Briefing Paper. We have learned that data is lacking and the data that is available is not disaggregated in a way that would lead to meaningful or significant samples for even the most prominent Asian communities in this region. The Ohio Department of Health is working with us and CPH Epidemiology staff to provide access to other data sets that has not traditionally been public. We expect that this will lead to better quality and depth in the quarterly briefing paper. In cases such as Native American when data is limited, we have worked with COMH staff to develop qualitative and quantitative surveys to elicit more data regarding their health status and accessing and better serving their population.

2. We continue to warehouse data from internal CPH programs that have provided us with service utilization statistics from their departments. Three internal CPH programs (Central Ohio HIV Planning Alliance, Ben Franklin Tuberculosis Control Program, and Creating Health Communities) have agreed to capture data by race at the request of COMH although getting access to this data has been difficult. Only the dental program has submitted data consistently during the reporting period. Without a shift in internal practices to regularly report this data to the COMH they are without the where with all to get it through other methods. Now that CPH has adopted a strong focus on Health Equity and the Social Determinants of Health we expect to see a strong emphasis on this type of data collection from every CPH department.

3. Given that the Somali community is such a large part of the COMH service area, it is encouraging that the office has placed focus on this population. The Somali Community Report produced by the local office, provides a snapshot of health status, access, utilization of health care for the Somali community. Due to the cultural dynamics of the community the office was correct to share with Somali leaders as a major distribution method.

Accomplishments and Best Practices

1. Strong relationships and access to key community health organizations and cultural communities already exists for access both qualitative and quantitative data. These include CPH Epi, ODH Health Equity Staff, Neighborhood Health Centers, and Health Advisory Committee members.
2. Ability to disseminate information to larger networks through website and email distribution
3. The quarterly briefing papers provide valuable information in an easy to understand format about specific minority population.
4. Presence of representatives of the Ohio Commission on Minority Health and Ohio Department of Health on the Advisory Committee to guide discussion and advocate for the availability of better data on minority populations.
5. Production of the quarterly briefing papers on select minority communities and reports specifically on the Somali and Native American (pending) populations adds even more relevancy to the work of the COMH in the local community. Local advisory committee members and stakeholders are both appreciative and complimentary of these efforts and find the documents to be user friendly and informative. The continuation of this practice will continue to provide the community with usable data in a digestible format about minority health issues. We believe this practice will continue to garner support for the long term continuation of the local office from local funders and stakeholders.

Opportunities for Improvement/Additional Focus

1. We believe that COMH is not fully aware of all of the data resources that may be available through its community partners and advisory committee members. Efforts should be taken to formally research and catalog the type of information each partner is collecting and decide if any provide opportunities for widespread distribution to community stakeholders. During recent advisory committee meetings, members shared information about several surveys and reports they had either produced or had access to locally. We suggest that COMH create a web-based resource inventory and routinely solicit this type of information from local partners to disseminate via its website and email distribution networks.
2. COMH should formalize feedback process regarding briefing paper and other community reports to further refine them and the development useful content. User surveys or informal focus groups/interviews can likely serve this purpose. Although the anecdotal feedback from a few has been positive, formal mechanisms may produce ideas for additional improvements, expansion of distribution channels or formatting suggestions.
3. Currently the attendance at Consumer Empowerment training and Men's Health session is largely random. We suggest collect data from participants about both their training experience but also adding health status questions on the end of presentation surveys. This will provide some additional data from populations that may not be accessing health departments currently for other needs.
4. Since data is limited on specific communities about health status and behaviors, we suggest a series of small, inexpensive culturally based focus groups to provide some baseline data. These will likely need to occur within existing meetings or events (i.e. During Asian American Community Services events, community health coalition mtgs, etc.) Due to likely lack of funding to support this effort, we suggest training of advisory committee members as facilitators and allow them to assist in recruitment and facilitation of the groups.

5. The evaluation needs of the local office regarding data collection and surveillance go beyond what the contract with the external REEP evaluator can provide. We suggest partnering with local educational institutions and recruit graduate level interns to work specifically on data collection and surveillance projects for the COMH. This would allow additional focus on areas where less is known about specific populations.
6. Partner with other community based partners to write a capacity building grant from local community or health foundations (i.e. Columbus Foundation, Anthem Foundation, Aetna Foundation) to support health assessment and data monitoring work necessary to adequately meet this core competency.
7. The issue of minority health is huge. The COMH often struggles to prioritize the numerous requests for partnerships, attendance, and support to their office. We strongly suggest working with the Advisory Committee, CPH leadership and the Ohio Commission on Minority Health to develop a list of key priorities that will constitute the major work of the office while allowing for some flexibility to work on emerging issues throughout the year as they emerge.

Core Competency #2	Related Goal
Inform, Educate & Empower People	By June 30, 2011, COMH will inform, educate, or empower at least 400 residents through increased understanding of the role of the COMH, local minority health status data, or access to resources.
Related Objectives	**Related Outcomes/Outputs**
More community stakeholders will become aware of the COMH, its mission and the resources it provides.	• COMH will complete a total of 12 (3 quarterly) community presentations to increase the awareness of the local office (Q1, Q2, Q3, Q4) • COMH will offer a total of 12 (3 quarterly) trainings on the Effective and Empowered Health Care Consumer Program (Q1, Q2, Q3, Q4) • Disseminate marketing collateral materials on the local office, its mission and resources available to at least 250 residents (Q1, Q2, Q3, Q4) • Quarterly updates to the website with resources to educate the public on minority health issues and status (Q1, Q2, Q3, Q4) • Conduct or partner to deliver at least 2 trainings for CPH staff or community organizations (Q3, Q4) • Produce and disseminate 2 newsletter publications for community stakeholders to include COMH accomplishments, future initiatives, partner updates, and select minority health status data to at least 1500 stakeholders (Q3, Q4)

Overview of REEP Evaluation and Capacity Building Efforts

This core competency seems to come most naturally for the local office and provides a good amount of promise in furthering the reach and impact of the COMH. It is also an area where we observe a good amount of comfort among the COMH staff since good efforts have already been accomplished in the past. We have continued to provide support to the local office in the following ways:

- Data entry, aggregation, and analysis of Consumer Empowerment training survey data
- Work with the COMH Director to develop content outline for consumer empowerment trainings
- Review documents and publications prior to distribution and provide feedback to the COMH director
- Review protocols for surveys and sampling for training, outreach and engagement activities and revise as needed
- Suggest new methods and outlets to inform and engage the community including encouraging efforts to establish the outreach and engagement committee to assist the local office in these efforts

Accomplishments and Best Practices

1. Adequate number of quarterly Consumer Empowerment, Men's Health or general community presentations to community and stakeholders (35 Trainings to 683 individuals representing over 75 community based organizations)
2. Good collateral materials that explain the mission, role, and projects of the COMH
3. Widespread distribution of materials to the community. Collaterals are displayed at all community presentations, training sessions, and Health Advisory Committee meetings as well as throughout the Columbus Public Health facility. This increase the brand exposure of the COMH to the broader community.
4. The addition of Hibo Noor as an intern who is also Somali is a huge asset in better assessing and working with the Somali community but also in overall strengthening of the COMH team and community engagement efforts. Her efforts to better engage the Somali community has resulted in a strong partnership for training within that community and consistent representation at Advisory Committee meeting.
5. The COMH recently bid and is conducting Cultural Competency training for all CPH staff over the next few months. This is a significant step in ensuring that individuals understand the purpose and necessity for minority health and health equity work.
6. The COMH has partnered with other CPH divisions such as Maternal and Child Health and produced several events and collaterals which increase their exposure. This also included a launch for an infant mortality toolkit which included many local and state level elected officials.

Opportunities for Improvement/Additional Focus

- Each of the words of the Core Competency (Inform, Educate, and Empower) suggests a different set of activities. The office has done an adequate job in widespread education and informing. The materials they produce are high quality and user friendly. We have not seen as much movement on the "Empowerment" piece of the work. This is perhaps because the term is largely left up to interpretation and is not accompanied by key indicators on the part of the Commission. We continue to suggest engaging the advisory committee in a conversation that looks at "Empowerment behaviors" and what will be necessary to ensure this part of the goal is reached. To us this likely includes some behaviors that either initiate or cease at the point of intervention from the COMH. (e.g. more consumer empowerment training participants engaged their

physician more, more AA exercise to avoid Diabetes complications, etc.). Overall we believe that current efforts do not go deep enough to affect true empowerment of individuals.

- The office has done a good job of offering the Consumer Empowerment and other trainings at the request of other organizations or based on where they can find a willing partner in the community. This practice should likely continue but we also suggest a more targeted approach. Instead of casting the net widely in any given quarter, COMH should focus on a particular community or region of the city to offer a series of health education and empowerment sessions. The local office may not have to provide all the training but can leverage relationships with others for a more focused effort on really changing behavior and building skills. By better integration and focus at the grass roots level in particular communities we believe that both data collection and surveillance become easier and more valuable. We further suggest that the COMH begin increasing its capacity and reach by offering "Train the Trainer" sessions for its Consumer Empowerment Trainings. This can create a readily available crop of trainers throughout the community to assist in this effort. The Neighborhood Health Centers may present one natural partnership in moving toward this direction.
- We have suggested to the COMH staff that they modify their methods regarding training follow-up. The trends from post session evaluations suggest that participants left the trainings highly satisfied, but they never came back to share their testimonials at the 3 month follow-up session. We suggested that the office streamline this process by doing phone and/or email follow-up with the training participants. COMH trainers should begin building the expectation that a 90-day follow up call will occur before and during the training session. At the 90-day point they can receive a phone call and answer a few questions that were previously administered in person during the in-person follow-up session. We are suggesting a 60% participation sampling target of those who have attend the trainings. To date, we have not received evidence that these follow-ups have been done. We continue to advocate this practice as more effective than a second face to face meeting.

Core Competency #3	Related Goal
Mobilize Community Partnerships to Action	By June 30, 2011, COMH will effectively develop or mobilize at least 3 new individual, organizational, or system-based community partnerships to support the Core Competencies through its Minority Health Advisory Committee. By June 30, 2011, COMH will inform at least 30 Community leaders (neighborhood leaders, health & human service organizations, businesses) about the presence of the Columbus Office of Minority Health and the services it provides. By June 30, 2011, COMH will inform at least 30 Community leaders (neighborhood leaders, health & human service organizations, businesses) about the presence of the Columbus Office of Minority Health and the services it provides.

Related Objectives	Related Outcomes/Outputs
Community partners will better understand the role of the Columbus Office of Minority Health and how to collaborate on projects Representatives of community partners will actively participate on the Minority Health Advisory Committee More community leaders will become aware of the COMH, its mission and the resources it provides	• Host at least 2 intern through partnership with a local college/university to assist the office in meeting its objectives (Q1, Q3) • 90% of Advisory committee members will be able to articulate at least 2 Core Competencies of the local office (Q1, Q2, Q3, Q4) • Evaluate the current membership and attendance of the Minority Health Advisory Committee and recommend at least 2 new members for participation (Q1, Q3) • At least 50% of agencies contacted will complete the Agency Profile form from the COMH (Q3) • COMH director will engage with at least 5 community leaders and seek support for the local office and its programs (Q1, Q2, Q3,Q4)

Overview of REEP Evaluation and Capacity Building Efforts

The majority of evaluation efforts for this competency center on monitoring of external partnerships and attendance at the Minority Health Advisory Committee meetings. The office has primarily fulfilled this competency by encouraging participation on the advisory committee, attending other meetings in the community, and assessing the technical assistance needs of partner agencies. We continue to encourage completion of the Agency Profile Form and have created an electronic version using our survey software to allow for ease of use. Many agencies had not completed the document. We suggested that agencies be called and allowed to give verbal feedback to have theirs completed. This work is underway. We attend each Advisory Committee meeting and provide support to the director in explaining any REEP or evaluation-related material to the group. We also monitor meeting attendance and provide feedback on the agenda and how to make meetings more efficient. As an overall capacity building effort, we advise the office on any potential gaps in representation on the advisory committee and who to engage as potential members.

Accomplishments and Best Practices

1. Meeting attendance continues to meet the established targets (Avg attendance above 90%; Many guests from other community based organization attend as observers to the meeting.
2. Using interns to augment the capacity of the local office is a necessary best practice given the volume of work and the small team at COMH. One intern has begun working. We suggest creation of a specific workplan and task list that could be handled by additional interns locally. Some of the evaluation and data monitoring activities can be accomplished through the use of interns at low or no cost to CPH or the local office.
3. The Minority Health Advisory Committee is made up of a diverse cross-section of the community and includes various race/ethnicities, socio-economic levels, and public and private sector organizations. This allows for the conversations around the table to be broad and far reaching in its perspective. We do however observe that most committee members represent specific agencies and not the grass roots community. Membership should be broadened to ensure that a fair number of community residents or representatives from neighborhood groups are also included.

4. The focus on the Somali community as a core focus makes the COMH relevant to the surrounding community. Many local organizations desire to partner with the Somali community to provide programs and services but struggle to find access points of value. The COMH is positioning itself to help to broker some of those relationships on behalf of other partners. Additionally the reports being produced about the local Somali population help to educate the broader community. The COMH should ensure that the reports are widely distributed throughout the local community to ensure usability and to add credibility to the work of the local office.

Opportunities for Improvement/Additional Focus

1. We acknowledge that strong engagement and information sharing exist between the local office and several community based organizations. As we consider the concept of mobilizing partnership however, we believe some improvements can be made. The local office must move beyond information sharing and events to encouraging joint programmatic and resource development efforts. Given the funding environment, partnerships are critical to everyone's survival. We believe the local office is uniquely positioned to pull like minded organizations together, organize them, and work with them to apply for grant opportunities.
2. To support the mobilization efforts, more routine engagement of the advisory committee is necessary. The group currently meets quarterly and has traditionally not been asked to do much in support of the local office, although many seem willing to do more. A new committee structure will allow more focus during interim periods between the larger meetings. New sub-committees are Training and Capacity Building, Monitoring and Reporting, and Outreach and Engagement are in place and should immediately develop a scope of work in support of the COMH work plan.
3. Develop stronger partnerships with the advocacy and health-issue related communities based organizations and explore partnership opportunities (i.e. Central Ohio Diabetes Association, American Cancer Society, The Diversity Enhancement Project at James Ctr, etc.). The local office will likely never have all the resources it needs to fully address the depth and breadth of the Commission targeted disease conditions. We believe that by partnering with other organizations and a determining the appropriate role of the partnership there is mutual benefit to both parties. Some initial activities will likely include presentations to the full Advisory committee or subcommittees on their work, sharing of resources, sending each other publications to their networks, and sharing available surveillance data.
4. We have advised the office to allow community partners a forum to present information on projects they are working on or to discussion challenges and opportunities on which they are actively working. In large part the advisory committee meetings were a one-way information flow. This practice has begun but initially only from other CPH departments. We suggest both CPH and community partners making quick presentations at subsequent meetings to add to engagement of external partners.

Core Competency #4	Related Goal
Develop policies and plans to support health efforts	By June 30, 2011, the Columbus Office of Minority Health will support health efforts of minority populations through advocacy, support, and capacity building.
Related Objectives	**Related Outcomes/Outputs**
The Columbus Office of Minority Health work with the "Determinants of Health" taskforce to indentify relevant issues with implications for disparities in minority health.	• Participate in meetings of the "Determinants of Health" (DOC) taskforce at least quarterly (Q1, Q2, Q3, Q3, Q4) • Develop an advocacy agenda for the COMH based on work of the DOH Taskforce (Q3)

Overview of REEP Evaluation and Capacity Building Efforts
During this year our evaluation role has been limited in this particular core competency area. This is primarily because the COMH is focusing on several internal capacity building initiatives that will have tremendous implications for the agency's ability to address health disparities. We have primarily monitored the work of the Health Equity Taskforce through our bi-weekly meetings with the COMH director. We expect to continue to serve as a resource to the COMH as they embark on their Health Equity work and to support the new sub-committees in their monitoring role of these efforts of the Columbus Public Health Department.

Accomplishments and Best Practices
• We applaud the fact that the entire Columbus Public Health Department is engaging their focus on Health Equity work is very noteworthy. Through the strong work and advocacy of the COMH, the department has determined that focusing on health disparities can have a great impact on the health outcomes of minority communities. The Health Equity Committee is composed of the organization's leadership and is inclusive of a multi-disciplinary team to date. In our estimation it equates to a fundamental shift in priorities for the department. Inherently, the local office will have an important role in this work. • The health equity work internally is also supported by the creation of a "Social Determinants of Health" Committee for external focus. This committee will begin exploring and try to address the root causes that are leading to health disparities within our community. This committee should be careful to include individuals who are at a policy making level within the organization and who can truly affect and advocate for the changes identified to have implications on minority health. The COMH should support this effort by identifying suitable individuals and suggesting them to the appropriate parties for engagement. • Overall the COMH is doing a good job of advocating for internal policies to support health equity and reduction of health disparities. The ongoing work of increasing buy-in for these efforts should continue with other CPH departments and administrators.

Opportunities for Improvement/Additional Focus
• Develop metrics and key timeframes to monitor the progress of both the internal and external efforts on health disparities • Explore ways to integrate the Advisory Committee members into the CPH committee or establish routine updates and reporting processes • Task the Monitoring and Reporting subcommittee to begin work on an advocacy agenda to ODH and other major data collection entities for specific data points that are either currently not being collected or are not collected in a way that can be disaggregated. The lack of data on some populations of our community is leading to their health disparities not fully being addressed. • Although much is being done to affect internal CPH policies there are likely good opportunities for the COMH to weigh in on minority health issues in external forums. We suggest using public policy forums such as City Council and the State legislature to advocate for funding, health access, and media exposure for minority health issues.

Conclusion

The issue of minority health and specifically health disparities continues to be one of much focus yet of incremental movement. In reality, the results of many of these efforts will not be seen for quite sometimes. Nonetheless, we are confident that after having worked with the Columbus Office of Minority Health for nearly 3 years that they are making significant progress toward building a firm foundation upon which to continue this work. At the core of this work, is often that individual health consumers make different and better lifestyle decisions to thwart these disease conditions. Since the local office is not involved in direct service, it must continue to focus its efforts on advocacy, promotion of best practices, and capacity building of partner organizations that provide services.

The Columbus Office of Minority Health is doing a good job of meeting the Core Competencies of the Ohio Commission on Minority Health as well as addressing minority health issues and health disparities in general. Among the positive efforts we have observed are:

- Production and distribution of the Health Briefing Papers on the targeted minority communities in Central Ohio
- The leadership of the COMH on Health Equity will have implications on Columbus Public Health addressing health disparities in a major way for years to come. This is a significant step for systemic change lead by the COMH.
- The COMH has developed a broad network to disseminate information on health status and reports relevant to their stakeholders
- Building capacity of the local office through partnerships with local educational institutions and using interns where appropriate to accomplish their workplan
- Quality partnerships with other community based organizations continue to strengthen the reach and message of the office into local communities
- Remaining a funded priority of Columbus Public Health and continuing to take steps toward a dedicated line of funding from the City

This is a huge task with limited resources and a small team within the Columbus Public Health Department. While our evaluation and capacity building efforts are designed to support their forward growth and movement, we do not wish to diminish the important work that is being done that often takes a considerable amount of time; only to move the needle marginally. Through continued focus on long term success, attention to outcomes based efforts, and monitoring and reporting of progress we believe the COMH is determined and well positioned to continue on a path to success.

7/30/2011

Evaluator Signature **Submission Date**

Appendix

New Subcommittee Descriptions for
Local Advisory Committee

Columbus Office of Minority Health
Advisory Committee
Subcommittee Descriptions

Training and Capacity Building

The Training and Development subcommittee of the Columbus Office of Minority Health will be responsible for advising the local office on issuing regarding training, development, and capacity building among CPH staff and community residents regarding minority health and consumer empowerment.

Major Functions

A. As needs are identified, support and promote staff training and development in consultation with staff and administration.
B. Assist the local office in development of training and development topics, content, criteria, and/or evaluation tools
C. Support seminars, workshops and training for staff and participates in development opportunities that are open to the public
D. Suggest conferences and professional development opportunities in which COMH staff can participate
E. Monitor statistics regarding the number and demographics of community residents who participate in Consumer Empowerment and other training offered by the COMH
F. Develop and advocate for policies that support the elimination of health disparities and the promotion of better health outcomes in minority communities
G. Collect and monitor the agency/partner profile information and make recommendations for technical assistance and training opportunities
H. Meet at least quarterly and report progress to the full Advisory Committee

Columbus Office of Minority Health
Advisory Committee
Subcommittee Descriptions

Monitoring and Reporting

The Monitoring and Reporting subcommittee of the Columbus Office of Minority Health is responsible for providing advice and counsel to the successful implementation of the COMH workplan, Health Equity Plan, and publications produced by the local office. The committee will also monitor relevant minority health data and resources and advise the local office on how to better utilize this information.

Major Functions

A. Review COMH workplan and other relevant documents to ensure that the COMH activities contribute to the long term achievement of the Commission on Minority Health Core Competencies and community needs
B. Continually monitor relevant data and statistics on minority health status and assist the COMH in providing this information to the broader community
C. Advise the COMH on data limitations and opportunities to advocate for better data collection practices or reporting
D. Review and provide feedback on health briefing papers and other health status reports produced by the COMH
E. Provide direction to the local office on outlets to better report and publicize this information to the broader community
F. Meet at least quarterly and report progress to the full Advisory Committee

Columbus Office of Minority Health
Advisory Committee
Subcommittee Descriptions

Outreach and Engagement

The Outreach and Engagement Subcommittee of the Columbus Office of Minority health provides support and advice to the local office and community partners on better outreach and engagement strategies to the community. The committee will assist the local office in developing its approach to marketing, communications, and community presentations.

A. Identify and publicize staff and community training and development opportunities available through workshops, institutes and conferences.
B. Guiding the development of a proactive marketing plan tailored to reach individual audiences and targeted community stakeholders
C. Providing direction and/or feedback for new marketing materials and reports
D. Promoting community partnerships and collaborations
E. Working with CPH and appropriate partners to develop advocacy activities and issues in support of minority health
F. Enhancing and improving the COMH presence in local media outlets.
G. Meet at least quarterly and report progress to the full Advisory Committee